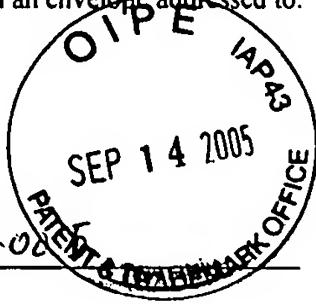


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P.O. Box 1450  
Alexandria, VA 22313-1450

On August 30, 2005



TOWNSEND and TOWNSEND and CREW LLP

By: MJD  
Mark T. Davis

**PATENT**  
Attorney Docket No.: 022193-090610US  
Client Reference No.: US 10/017182

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Timothy TUTTLE et al.

Application No.: 10/017,182

Filed: December 14, 2001

For: TECHNIQUES FOR UPDATING  
LIVE OBJECTS AT CLIENTS USING A  
DYNAMIC ROUTING NETWORK (AS  
AMENDED)

Examiner: Barot, Bharat

Art Unit: 2155

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

09/15/2005 SDENBOB1 00000024 201430 10017182

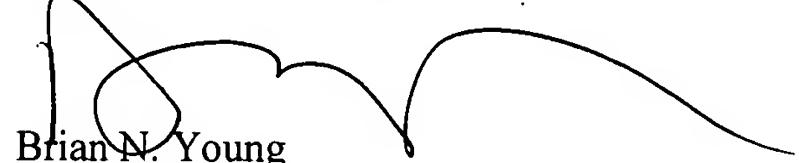
01 FC:1806 180.00 DA

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
Brian N. Young  
Reg. No. 48,602

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 415-576-0200  
Fax: 415-576-0300  
BNY:mtd

60574675 v1

Substitute for form 1449A&B/PTO

**INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

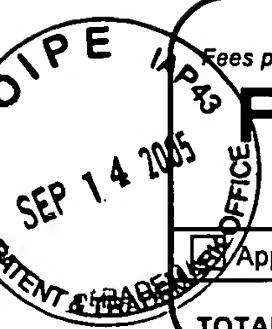
Sheet	1	of	1	<b>Complete if Known</b>	
				Application Number	10/017,182
				Filing Date	December 14, 2001
				First Named Inventor	Tuttle, Timothy
				Art Unit	2155
				Examiner Name	Barot, Bharat
				Attorney Docket Number	022193-090610US

<b>U.S. PATENT DOCUMENTS+</b>				
		Document Number		
Examiner Initials*	Cite No. <sup>1</sup>	Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
	AA	US-5,706,516	01-1998	Chang et al.
	AB	US 6,233,600 B1	05-2001	Salas et al.
	AC	US-6,324,587	11-2001	Trenbeath et al.
	AD	US 6,363,421 B2	03-2002	Barker et al.
	AE	US 6,418,448 B1	07-2002	Sarkar
	AF	US 6,446,257 B1	09-2002	Pradhan et al.
	AG	US-6,609,138	08-2003	Merriam
	AH	US-6,836,86 B2	12-2004	Tuerke et al.
	AI	US 10/105,018		Tuttle et al.
	AJ	US 10/213,269		Cano et al.

Examiner Signature	Date Considered
--------------------	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

\$2155  
JN

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known	
Application Number	10/017,182
Filing Date	December 14, 2001
First Named Inventor	Tuttle, Timothy
Examiner Name	Barot, Bharat
Art Unit	2155
Attorney Docket No.	022193-090610US

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50 25

Multiple dependent claims

200 100

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other: Submission of Information Disclosure Stmt 180

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 48,602	Telephone 415-576-0200
Name (Print/Type)	Brian N. Young		Date August (30), 2005

<b>TRANSMITTAL FORM</b>		Application Number	10/017,182
		Filing Date	December 14, 2001
		First Named Inventor	Tuttle, Timothy
		Art Unit	2155
		Examiner Name	Barot, Bharat
Total Number of Pages in This Submission	5	Attorney Docket Number	022193-090610US

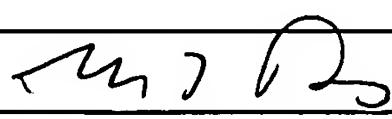
P E 14 PA  
SEP 14 2005  
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<b>ENCLOSURES (Check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
		<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Brian N. Young		
Date	August (30), 2005	Reg. No.	48,602

#### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Mark T. Davis
Date	August (30), 2005